

PART B - FEE(S) TRANSMITTAL

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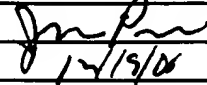
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James W. Proscia

(Depositor's name)



(Signature)

(Date)

22045 7590 09/27/2006

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12/21/2006 CCKAU2 00000097 09425694

01 FC:1501 1400.00 DP
 02 FC:1504 300.00 DP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/425,694	10/22/1999	ROLAND BRUNNER	WSAG 0148 PUS	9906

TITLE OF INVENTION: PROCESS FOR THE WET CHEMICAL TREATMENT OF SEMICONDUCTOR WAFERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/27/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SONG, MATTHEW J	1722	438-745000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Brooks Kushman P.C.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Siltronic AG

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Munich, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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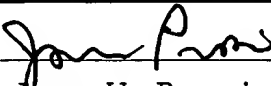
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☒ The Director is hereby authorized to charge the ~~unpaid fee(s)~~ any deficiency, or credit any overpayment, to Deposit Account Number 02-3978 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date

12/15/06

Typed or printed name

James W. Proscia

Registration No.

47,010

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